|  |  |  |                 |                |                          |                  |            | Application or Docket Number                     |                         |                        |          |                     |                        |  |
|--|--|--|-----------------|----------------|--------------------------|------------------|------------|--|-------------------------|------------------------|----------|---------------------|------------------------|--|
|  | PATENT A                                       | RD                                       |                 |                | 10                       | 79               | 05/        | , _  |                         |                        |          |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |  |                 |                |                          |                  |            |  | L EN                    | ITITY                  | OR       | OTHER<br>SMALL E    | 1                      |  |
| то   | TAL CLAIMS                                     |  | 13              |                |                          |                  |            | RAT  | E                       | FEE                    | [        | RATE                | FEE                    |  |
| FOR  |  |  | NUMBER FILED    |                | NUMBER EXTRA             |                  |            | BASIC  | FEE                     | 385.00                 | OR       | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |  | / minus 20=     |                |                          |                  |            | XS 9   | )=                      |                        | OR       | XS18=               |                        |  |
| INDEPENDENT CLAIMS   |  |  | ) minus 3 =     |                | •                        |                  |            | X43=   |                         |                        | OR       | X86=                |                        |  |
|  |  | DENT CLAIM PF                            | RESENT          |                |                          |                  |            | +145=  |                         |                        | OR       | +290=               |                        |  |
| • If   | the difference i                               | in column 1 is l                         | ess than ze     | ero, enter     | r "0" in c               | " in column 2    |            |  | TOTAL                   |                        | OR       | TOTAL               | 770                    |  |
| CLAIMS AS AMENDED - PART II  |  |  |                 |                |                          |                  |            |  |                         | <del></del>            |          | OTHER               |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |  |                 |                |                          |                  |            | SMA  | LLI                     |                        | OR       | SMAILE              |                        |  |
| AMENDMENT A  | 11 hadlas                                      | CLAIMS REMAINING AFTER AMENDMENT         |                 | NUM<br>PREVIO  | BER<br>DUSLY             | PRESENT<br>EXTRA |            | RAT  | E                       | ADDI-<br>TIONAL<br>FEE |          | BATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | AMENDMENT                                | Minus           | -20            | <u>カ</u>                 | =                | 1          | xs   | = /                     |                        | ØR       | X\$18=              |                        |  |
| NEN.   | Independent                                    | • 7                                      | Minus           | ***            | 2                        | =.               |            | X43  | ¥                       |                        | O/R      | X86=                |                        |  |
| Ā  | FIRST PRESE                                    | NTATION OF ML                            | JLTIPLE DE      | PENDEN         | T CLAIM                  |                  | ]          | <del>                                     </del> | $\prec$                 |                        | $\vee$   | +290=               |                        |  |
|  |  |  |                 |                |                          |                  |            | +14  | O=<br>OTAL              |                        | OR       | TOTAL               |                        |  |
|  |  |  |                 |                |                          |                  |            |  | ADDIT. FEEOR ADDIT. FEE |                        |          |                     |                        |  |
| _  |  | (Column 1) CLAIMS                        | <del></del>     |                | mn 2)<br>HEST            | (Column 3        | 4          |  |                         | ADDI-                  | 1        |                     | ADDI-                  |  |
| ENT B  |  | REMAINING<br>AFTER<br>AMENDMENT          |                 | NUM<br>- PREVI | MBER<br>HOUSLY<br>FOR    | PRESENT<br>EXTRA |            | -RA  | re                      | TIONAL<br>FEE          | -        | RATE                | TIONAL<br>FEE          |  |
| MENDMENT   | Total  | •  | Minus           | 2-10           |                          | =                |            | xs   | 9= .                    |                        | OR       | X\$18=              |                        |  |
| ME   | Independent                                    | *  | Minus           | ***            |                          | <u> -</u>        | 4          | X4   | 3=                      |                        | OR       | X86=                |                        |  |
| <b>∠</b>   | FIRST PRESENTATION OF MULTIPLE DEPENDE         |  |                 |                | T CLAIM                  |                  | ٺ          | +14  | 5=                      |                        | OR       | +290=               |                        |  |
|  |  |  |                 |                |                          |                  |            |  | OTAL                    |                        | OR       | TOTAL<br>ADDIT, FEE |                        |  |
|  |  | 3)                                       | ADDIT           | . FEE          |                          |                  | ADDIT. 1 E |  |                         |                        |          |                     |                        |  |
| _  |  | (Column 1)<br>CLAIMS                     |                 | , HIG          | umn 2)<br>HEST           | (Column 3        |            | _  |                         | ADDI-                  | 1        |                     | ADDI-                  |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT          |                 | PREV           | MBER<br>VIOUSLY<br>D FOR | PRESENT<br>EXTRA |            | RA   | TE                      | TIONAL<br>FEE          |          | RATE                | TIONAL<br>FEE          |  |
|  | Total  | •  | Minus           |                |                          | =                |            | ×s   | 9=                      |                        | OF       | X\$18=              |                        |  |
| MEN  | Independent                                    |  | Minus           | ***            |                          | =                |            | X4   | 3=                      |                        | OF       | X86=                |                        |  |
| ٧  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                 |                |                          |                  |            |  |                         |                        | 1        |                     |                        |  |
|  | 46.00 - 4-0.0                                  | A loss those t                           | tha antar in ca | Numa 2 w       | ne "O" in d              | roluma 3.        |            |  | 15=<br>OTAL             | ļ                      | OF       | TOTAL               |                        |  |
| ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20." ADDIT. FEE |  |  |                 |                |                          |                  |            |  |                         |                        | OF       | ADDIT. FE           | Ē <b>L</b>             |  |
|  | The "Highest Nu<br>The "Highest Num            | mber Previously Pa<br>mber Previously Pa | and For (Total  | or Indepen     | ndeni) is l              | he highest num   | nber       | found in   | the a                   | ppropriate b           | Ox 117 ( | column 1            |                        |  |